	h			U - PA	KI I					1011-0	1 50V	
		-	(Column 1) (Column 2)							-includes	1,528	
•	BASIC FEE (FR OFR 1.16(a))		HUMBER	FILED	NUMBER EXT		SMALL ENTITY		OR '	OTHER THAI SMALL ENTITI		
.د.	TOTAL COT	71-				···	RATE	FEE				
	1 137 CFR 1.16	Sicu I	Minus 20					5		RATE	· FB	
	(37 CFR 1.16	NT CLAIMS	minus 20 =			1	1.25	<u> </u>	OR		1	
•		<u> </u>		inus 3 = .		\neg	1 100 T		OR	x's <u>50.</u>	1	
	MULTIPLE DEPENDENT CLAIMPRESENT (37 CFR 1.16(d))								OR	x , 200	—	
•	* If the difference in column 1 is less than zero, enter "0" in column 2.						+5.180		OR	.360	 	
	CLAIMS AS AMENDED - PART II						TOTAL					
		. (Column		(Colu	ATM 2). (Column			٠.				
.		. CLAIN REMAIN	AS T	HIGH	EST	<u> </u>	SMALL ENT	ITV	OR	OTHER	- 1	
- 1	OI EN	Dol AFTE	Α. Ι	NUM	RER. POECE	NT				OTHER SMALL E	NTITY	
· [∑ I Total	AMENON		PREVIO PAID	IUSIYI EVTA.	٩		ODI.	1	RATE		
•]	O (3) OFR 1,16		Min	1 24	1 - /			EE	- 1	MIE .	ADD .	
- 1	DI OFR LIE	in 3_	Minu	5 ··· 8		\dashv L	x s 25 .		 	-	FEI	
ľ	FIRST PRE	SENTATION				- 1- [x s 100=		DR XS	50 = 1	•	
F		FRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						0	R	200		
-	3100											
		•	•				TOTAL	· · · ·	45	Sa)	1.	
$\cdot \Gamma$	majol.	(Column 1)		(Colum	0.21 diam.		YOO'L FEE	01	TOT.	L FEE		
	1 610100	REMAINING	;	HIGHES	7	<u> </u>						
	Total Di cara Lisqui Independent Di cara Lisqui Di cara Lisqui	AFTER AMENDMEN	- 6	PREVIOUS	1 1000111	11	RATE .		<u> </u>			
18	Di cur rudal	1.21	. Minus	PAID FO	EXTRA	4.1	TION)1. AL	RA	TE .	100	
là	Independent	10/		24	= .	1 -	, 25 . FEE		1.	η	ADDI KONAL .	
1 A	Σ	13	Minus	2	=	1 ×	520.	OR	x s 5	5	FEE	
	FIRST PRESE	TATION OF MATE	PIÉDEOR			×:	100.	7				
ŀ		TATION OF WATE	CC DEVEND	HTCLUM (3)	CFR 1.16(d))	۱· ۰.	180	OR.	x s 20	α	. 1	
1						TO	TAI	OR	1:+36	a T		
-	•	(Column 1)			•	AO	OLFEE	OR	TOTAL			
10	1	CLAIMS	7 7	(Column Z	(Column 3)				AOD'E	€€		
15	1	REMAINING AFTER	1 1	HIGHEST HUMBER	PRESENT			·	•			
씾	Total	AMENDMENT	1	PREVIOUSE	EXTRA	5	ADDI.	1				
Q	(1) CFR LISCH		Minus	PAID FOR	- 	·	TIONAL		RATE	700		
鱼	Andépendent (21 CFR 1.16(e))	· .	Minus		1	1 x s	25	4		TION		
AMENOMENT			! !	-	=		00	OR	k 5 20	_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16(d))							_ OR	× , 200	5		
											<u> </u>	
•	If the entry in co	lumn 1 is been the		•	•	TOTA		OR [+ ,360	<u>.</u> .		
	if the entry in column 1 is less than the entry in column 2, write 0° in column 3. TOTAL ADO'L FEE TOTAL OR + 3400 TOTAL OR ADO'L FEE Total The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". This collection of information is required. In the period of the highest and the period of the highest and the highest and the period of the highest and the hig											
Nie -	The Highest Nor	mber Previously	Pald For IN	THIS SPACE	is less than 20, en	ler "20".		_	(166	· -		
SPTO	The Highest Number Previously Paid For In THIS SPACE is less than 20, enter "20" is collection of information is required by 37 CFR 1.16. The Information is required.											
rd: wie	20191919	Polication, Confed		Ine infor	mation is continued		cindolode autimo esta	le baut			i	

In the Highest Number Previously Paid For In THIS SPACE is less than J. enter "3".

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the use of the amount of time you require to completed application form to the USPTO. Time will vary depending upon the individual size to complete. and office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS